

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Society of Plastic Surgeons PLASTYPAC

ADDRESS (number and street) ▼

20 F Street NW

#310A

☐ Check if different than previously reported. (ACC)

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00249342

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☒ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. William Seward

Signature of Treasurer

Mr. William Seward

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2011 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2011

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2011 | | 27260.33 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 40172.09 | |
| (c) Total Receipts (from Line 19) | 101027.78 | 151672.84 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 141199.87 | 178933.17 |
| 7. Total Disbursements (from Line 31) | 57990.68 | 95723.98 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 83209.19 | 83209.19 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
07 01 2011

To:

M M / D D / Y Y Y Y Y
12 31 2011
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

86202.28

129631.02

(ii) Unitemized

14825.50

22041.82

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

101027.78

151672.84

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

101027.78

151672.84

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

101027.78

151672.84

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

101027.78

151672.84

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 2223.10 | 2956.40 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 2223.10 | 2956.40 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 55500.00 | 92500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 267.58 | 267.58 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 267.58 | 267.58 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 57990.68 | 95723.98 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 57990.68 | 95723.98 |

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 101027.78 | 151672.84 |
| 34. Total Contribution Refunds (from Line 28(d)) | 267.58 | 267.58 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 100760.20 | 151405.26 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 2223.10 | 2956.40 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 2223.10 | 2956.40 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 89
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. David L. Abramson MD

Mailing Address 42A E 74th St

City
New York

State
NY

Zip Code
10021-2735

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2011

Transaction ID : 6D31038ED1D657278DC

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Govind Acharya MD

Mailing Address 5121 N Central Ave

City
Phoenix

State
AZ

Zip Code
85012-1403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 28 / 2011

Transaction ID : 9353E64A4DC5336B0CE

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

c. Arturo Aguilon-Bouche MD

Mailing Address 69 Hall Rd

City
Sturbridge

State
MA

Zip Code
01566-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 27 / 2011

Transaction ID : 6104FB5CE7AF7DA7D87

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

875.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 89
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Atul K. Amin MD

Mailing Address 3729 Easton Nazareth Hwy
Ste 201

City State Zip Code
Easton PA 18045-8339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 28 / 2011

Transaction ID : 733E558B08C4B927223

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Darrick E. Antell MD

Mailing Address 850 Park Ave

City State Zip Code
New York NY 10075-1845

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 30 / 2011

Transaction ID : 48DFCE65D4F9B5D8223

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Darrick E. Antell MD

Mailing Address 850 Park Ave

City State Zip Code
New York NY 10075-1845

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 06 / 2011

Transaction ID : 92FB34F329F03C10E76

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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PAGE 8 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Amy Arnold MD

Mailing Address 5200 N Federal Hwy
Ste 7

City State Zip Code
Fort Lauderdale FL 33308-3253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 06 / 2011

Transaction ID : FD00B37AB53BBB2F5C5

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Edwin N. Austin MD

Mailing Address 875 Oak St SE
Ste 4060

City State Zip Code
Salem OR 97301-3990

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 06 / 2011

Transaction ID : 130E08ABA46D23C0445

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Bruce B. Baker MD

Mailing Address PO Box 4044

City State Zip Code
Temple TX 76505-4044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 19 / 2011

Transaction ID : 45F7AF07F917E9A9AB3

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. W. Byron Barber MD

Mailing Address 1591 Yanceyville St
Ste 100

City Greensboro State NC Zip Code 27405-6942

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 23 / 2011

Transaction ID : 1366AADE6C1370752EF

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Alfonso Barrera MD

Mailing Address 915 Gessner Rd
Ste 825

City Houston State TX Zip Code 77024-2533

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 28 / 2011

Transaction ID : 44E440902CC68EE6BA5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John W. Bass MD

Mailing Address 2398 E Camelback Rd
Ste 980

City Phoenix State AZ Zip Code 85016-9019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 19 / 2011

Transaction ID : 2221B6E288F9DA7268D

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 89
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Alan M. Bienstock MD

Mailing Address 46 E 82nd St

City
New York

State Zip Code
NY 10028-0305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2011

Transaction ID : ODD257165F8410A9885

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Janet M. Blanchard MD

Mailing Address 6990 Lindsay Dr
Ste 5

City
Mentor

State Zip Code
OH 44060-4981

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2011

Transaction ID : FEB36A757973BD6A1F0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James Boehmler MD

Mailing Address 915 Olentangy River Rd
Ste 2100

City
Columbus

State Zip Code
OH 43212-3154

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : 4F84EDCFEC1F4999F95

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Matthew J. J. Bonanno MD, FACS

Mailing Address 215 E 77th St

City

New York

State

NY

Zip Code

10075-2059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 19 / 2011

Transaction ID : 5E1785803AA71BA630C

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Steven C. Bonawitz MD

Mailing Address Suite 664
Scaife Hall

City

Pittsburgh

State

PA

Zip Code

15261-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 19 / 2011

Transaction ID : 5D4D5CA7921F525BE0A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mark T. Boschert MD

Mailing Address 145 Saint Peters Centre Blvd

City

Saint Peters

State

MO

Zip Code

63376-5103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2011

Transaction ID : 069555B27F6FEAC9E6E

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 89
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Darrell Brooks MD

Mailing Address 45 Castro St
Ste 121

City State Zip Code
San Francisco CA 94114-1019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2011

Transaction ID : A7BA395154F4CB4EAB4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Juan A. Brou MD

Mailing Address 5300 N Grand Blvd
Ste 205

City State Zip Code
Oklahoma City OK 73112-5517

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 26 / 2011

Transaction ID : 3EEA7FB3-A01A-46B9-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Rudolf F. Buntic MD

Mailing Address 45 Castro St
Ste 140

City State Zip Code
San Francisco CA 94114-1029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 19 / 2011

Transaction ID : 6430C80B368AF6556B7

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 89
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Raymond A. Capone MD

Mailing Address Shadyside Surgi-Center

City State Zip Code
Pittsburgh PA 15206-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 10 / 2011

Transaction ID : 9C3CA94885F82B03E11

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Guy Cappuccino MD

Mailing Address 1001 Twin Arch Rd
Ste 3A

City State Zip Code
Mount Airy MD 21771-4130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 05 / 2011

Transaction ID : 34ED38EB110D6D3091C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Richard F. Carver MD

Mailing Address 7236 Jordan Dr
Ste 100A

City State Zip Code
Rapid City SD 57702-8740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 28 / 2011

Transaction ID : 6B0674E3B402EF62CE0

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

800.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 14 OF 89
 (check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Glenn R. Carwell MD

Mailing Address 992 First Colonial Rd

| | | |
|----------------|-------|------------|
| City | State | Zip Code |
| Virginia Beach | VA | 23454-3180 |

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 09 | / | 2011 |

Transaction ID : C1FA92549D233886CA5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. June S. Chen MDMailing Address 7240 Highland Dr
Ste 175

| | | |
|----------------|-------|------------|
| City | State | Zip Code |
| Salt Lake City | UT | 84121-6523 |

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 03 | / | 2011 |

Transaction ID : 7B4AACAD-E563-49B2-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Lori L. Cherup MDMailing Address 701 Boyce Rd
Washington Pike

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| Bridgeville | PA | 15017-1225 |

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Radiance Plastic Surgery

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 22 | / | 2011 |

Transaction ID : 0F8E781054CFEA7C6FC

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Stephen A. Chidyllo MD,FACS

Mailing Address 107 Monmouth Rd
Ste 106

City State Zip Code
West Long Branch NJ 07764-1021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Jersey Plastic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : F0CA275A03C31799B62

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joseph T. Chun MD

Mailing Address 1930 Alcoa Hwy
Building A Suite 235

City State Zip Code
Knoxville TN 37920-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2011

Transaction ID : 83E55CCD29CAB9F6DAE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Christa Lynn Clark MD

Mailing Address 2220 E Bidwell St

City State Zip Code
Folsom CA 95630-3463

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2011

Transaction ID : A76E2E31973CB2EE9ED

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. John J. Corey MD

Mailing Address 10210 N 92nd St
Ste 200

City State Zip Code
Scottsdale AZ 85258-4524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 02 / 2011

Transaction ID : 9DCAD4265BD58CB5ED4

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Michael D. Costelloe

Mailing Address 444 E Algonquin Rd

City State Zip Code
Arlington Heights IL 60005-4654

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Society of Plastic Surgeons

Occupation

Executive Vice Presi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 27 / 2011

Transaction ID : 119A2782-E23C-4060-

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

c. Stefan B. Craig MD

Mailing Address 145 Saint Peters Centre Blvd
Info@Rpsplasticsurgery.Com

City State Zip Code
Saint Peters MO 63376-5103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 26 / 2011

Transaction ID : 0B678A03FD8A5115ADC

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Gary R. Culbertson MD, FACS

Mailing Address 18 Miller Rd

City

Sumter

State

SC

Zip Code

29150-2403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iris Surgery Center

Occupation

Director Iris Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2011

Transaction ID : 7633DF72DF3C018ECB2

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James R. Cullington MD

Mailing Address 1400 N Interstate 35
Ste 320

City

Austin

State

TX

Zip Code

78701-1926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 30 / 2011

Transaction ID : 7EDB1CB5D5471AE4600

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Lynn A. Damitz MD

Mailing Address 4917 Mill Hill Ln

City

Chapel Hill

State

NC

Zip Code

27517-7447

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNC Div of Plastic & Recon Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

08 / 22 / 2011

Transaction ID : 4F29B5008E9983C39A67

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Lynn A. Damitz MD

Mailing Address 4917 Mill Hill Ln

City

Chapel Hill

State

NC

Zip Code

27517-7447

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNC Div of Plastic & Recon Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

09 / 22 / 2011

Transaction ID : 49FBBFA0837F56889F6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Lynn A. Damitz MD

Mailing Address 4917 Mill Hill Ln

City

Chapel Hill

State

NC

Zip Code

27517-7447

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNC Div of Plastic & Recon Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 22 / 2011

Transaction ID : 43848A8EDBB17736E397

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Lynn A. Damitz MD

Mailing Address 4917 Mill Hill Ln

City

Chapel Hill

State

NC

Zip Code

27517-7447

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNC Div of Plastic & Recon Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

11 / 22 / 2011

Transaction ID : 486893C0F11E8F89F214

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Richard A. De Ramon MD

Mailing Address 2025 Technology Pkwy
Ste 303

City Mechanicsburg State PA Zip Code 17050-9402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 28 / 2011

Transaction ID : 1302B18C890268B7565

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Lynn D. Derby MD

Mailing Address 235 E Rowan Ave
Ste 206

City Spokane State WA Zip Code 99207-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 23 / 2011

Transaction ID : C3757E88879386C637B

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. John Wm. Derr MD

Mailing Address 4001 Kresge Way
Ste 320

City Louisville State KY Zip Code 40207-4640

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 03 / 2011

Transaction ID : 8BA80CFEF1D28536560

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Donald M. Ditmars MD

Mailing Address 2799 W Grand Blvd
 Plastic Surgery Clinic

City State Zip Code
 Detroit MI 48202-2608

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2011

Transaction ID : 4EA130A007724EC7C39

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William L. Dowden MD

Mailing Address 715 Shaker Dr
 Ste 100

City State Zip Code
 Lexington KY 40504-3674

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2011

Transaction ID : CF6FFAC17044F72A013

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Deason C. Dunagan MD

Mailing Address 303 Williams Ave SW
 Ste 1421

City State Zip Code
 Huntsville AL 35801-6008

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2011

Transaction ID : DC8E2CF5C8F8EA79ACC

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Mark A. Eberbach MD

Mailing Address 14012 US Highway 19

City State Zip Code
Hudson FL 34667-1165

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2011

Transaction ID : 0FE823853A6535B0431

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Aric J. Eckhardt MD

Mailing Address 600 John Deere Rd
Ste 401

City State Zip Code
Moline IL 61265-6812

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2011

Transaction ID : 80B28075B5879F2CB4D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael A. Epstein MD

Mailing Address 1535 Lake Cook Rd
Ste 211

City State Zip Code
Northbrook IL 60062-1451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2011

Transaction ID : 77AD29175A1F99C1A6E

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 89
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. David Z. Evdokimow MD

Mailing Address 96 S Finley Ave

City

Basking Ridge

State

NJ

Zip Code

07920-1422

FEC ID number of contributing
federal political committee.

C

Name of Employer

DE'OMILIA Institute of Plastic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

548.00

Date of Receipt

12 / 22 / 2011

Transaction ID : 40C06EB5-7AA3-475B-

Amount of Each Receipt this Period

548.00

Full Name (Last, First, Middle Initial)

B. Michael J. Fealy MD

Mailing Address 2750 Sycamore Dr
Ste 200

City

Simi Valley

State

CA

Zip Code

93065-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Simi Valley Center for Plastic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 05 / 2011

Transaction ID : 0EC36FC5-0530-458D-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Robert A. Fernandez MD

Mailing Address 613 Elizabeth St
Ste 601

City

Corpus Christi

State

TX

Zip Code

78404-2295

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2011

Transaction ID : ED1C89D50C99FDBC555

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1048.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. E. Ronald Finger MD

Mailing Address 5356 Reynolds St
Ste 505

City State Zip Code
Savannah GA 31405-6017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2011

Transaction ID : 158F2BC4AE4EE02572B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Douglas L. Forman MD

Mailing Address 11210 Old Georgetown Rd
Plastic Surgery Institute of Washi

City State Zip Code
North Bethesda MD 20852-3202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 22 / 2011

Transaction ID : 13AA8F29C8E54589967

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. William C. Franckle MD

Mailing Address 2301 E Evesham Rd
Ste 107

City State Zip Code
Voorhees NJ 08043-4502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

The Pavilion Voorhees

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : 6396B164EFEA04C7E55

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Harold I. Friedman MD

Mailing Address 2 Medical Park Rd
Ste 302

City State Zip Code
Columbia SC 29203-6839

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of South Carolina

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2011

Transaction ID : 071001DE856495A608E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Roberta L. Gartside MD

Mailing Address 1800 Town Center Dr
Ste 412

City State Zip Code
Reston VA 20190-3240

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Image Plastic Surgery Associates,

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2011

Transaction ID : B94195A163C9C7FD67B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Richard C. Garvey MD

Mailing Address 500 Mamaroneck Ave
Ste 211

City State Zip Code
Harrison NY 10528-1600

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2011

Transaction ID : A91A65838669B362BF7

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 89
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. John E. Gatti MD

Mailing Address 409 Kings Hwy S

City

Cherry Hill

State

NJ

Zip Code

08034-2512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | / | 14 | / | 2011 |

Transaction ID : 76382F4E599E63103C3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Lloyd B. Gayle MD

Mailing Address 4th Floor

City

New York

State

NY

Zip Code

10021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center For Specialty Care

Occupation

Associate Professor

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | / | 12 | / | 2011 |

Transaction ID : 88A70B6A-DC05-45C2-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Antonio J. Gayoso MD

Mailing Address 1515 22nd Ave N

City

Saint Petersburg

State

FL

Zip Code

33704-3113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | / | 05 | / | 2011 |

Transaction ID : A9A5042F01A1F1E7A28

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)..... ►

1600.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Peter E. Gee MD

Mailing Address 92 Montvale Ave
Ste 4650

City State Zip Code
Stoneham MA 02180-3631

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2011

Transaction ID : 695F0D41D9DA6D07918

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Scot Bradley Glasberg MD

Mailing Address 42A E 74th St

City State Zip Code
New York NY 10021-2735

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : 4F54797C5E6D90B1DA8

Amount of Each Receipt this Period

1080.00

Full Name (Last, First, Middle Initial)

c. Kimberley B. C. Goh MD

Mailing Address 4610 Oleander Dr
Ste 101

City State Zip Code
Myrtle Beach SC 29577-5752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2011

Transaction ID : 1B57E16F9937F1F76C7

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

1880.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 89

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. David M. Goldenberg MDMailing Address 107 Newtown Rd
Ste 2C

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Danbury | CT | 06810-4151 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 22 | / | 2011 |

Transaction ID : 5C51CF46-E81D-4372-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Myles E. Goldflies MD

Mailing Address 8212 Devon Ct

| | | |
|--------------|-------|------------|
| City | State | Zip Code |
| Myrtle Beach | SC | 29572-4178 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 22 | / | 2011 |

Transaction ID : 0B7C43A12708D687E37

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Gregory Greco DOMailing Address PO Box 8004
264 Broad Street

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| Red Bank | NJ | 07701-8004 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 19 | / | 2011 |

Transaction ID : 9C31893F3D8D0FDA0D9

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. David T. Greenspun MD

Mailing Address 1776 Broadway
Ste 1200

City State Zip Code
New York NY 10019-2007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 22 2011

Transaction ID : 5A42B54F-33AD-4FB8-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joe A. Griffin MD

Mailing Address 513 S Dargan St

City State Zip Code
Florence SC 29506-2549

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 28 2011

Transaction ID : EBDE3211E343169F284

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Thomas G. Griffith MD

Mailing Address 5013 Pacific Hwy E
Ste 18

City State Zip Code
Fife WA 98424-2642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 22 2011

Transaction ID : 9148ACEAEF0E67DA628

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 89

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Thomas G. Griffith MD

Mailing Address 5013 Pacific Hwy E
Ste 18

| | | |
|------|-------|------------|
| City | State | Zip Code |
| Fife | WA | 98424-2642 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 22 | / | 2011 |

Transaction ID : E6BBA9993796E322B14

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. John E. Griggs MD

Mailing Address 299 Carew St
Ste 434

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| Springfield | MA | 01104-2363 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 10 | / | 2011 |

Transaction ID : EE07A3233C0D1F546ED

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. James C. Grotting MD

Mailing Address 1 Inverness Center Pkwy
Ste 100

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Birmingham | AL | 35242-4865 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 26 | / | 2011 |

Transaction ID : 6B622D0F5FBDA9CD947

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

950.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 89
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Karol A. Gutowski MD

Mailing Address 501 Skokie Blvd

City

Northbrook

State

IL

Zip Code

60062-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Chief of Plastic Sur

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 07 / 2011

Transaction ID : 281AAB17-E95B-4E55-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Roxanne J. Guy MD

Mailing Address 111 E Hibiscus Blvd

City

Melbourne

State

FL

Zip Code

32901-3102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 18 / 2011

Transaction ID : FA4A7E97-03D3-4946-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Adam H. Hamawy MD

Mailing Address 1 Theall Rd

Ste 211

City

Rye

State

NY

Zip Code

10580-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 29 / 2011

Transaction ID : E78EAE3A247B179699E

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Jennifer L. Harrington MD

Mailing Address 7373 France Ave S
Ste 510

City State Zip Code
Minneapolis MN 55435-4551

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
10 / 26 / 2011

Transaction ID : FAA13DA80A5B7F4A2A6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Elizabeth S. Harris MD

Mailing Address 540 Madison Oak Dr
Ste 400

City State Zip Code
San Antonio TX 78258-3922

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 26 / 2011

Transaction ID : C2269BAB161F84C4B9E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Stephen U. Harris MD

Mailing Address 500 Montauk Hwy
Ste H

City State Zip Code
West Islip NY 11795-4419

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harris Plastic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
08 / 19 / 2011

Transaction ID : CFD94A9DC1C8BE3346A

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. R. Scott S. Haupt MD

Mailing Address 5292 College Dr
Ste 302

City State Zip Code
Murray UT 84123-2991

FEC ID number of contributing
federal political committee.

C

Name of Employer

Utah Cosmetic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : 60C6A4B9-7497-4A42-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Donnis S. Hobson M.D., M.B.

Mailing Address 365 Hawthorne Ave
Ste 202

City State Zip Code
Oakland CA 94609-3114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2011

Transaction ID : C8D7EB7E4737E17748E

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Patrick L. Hodges MD

Mailing Address 8220 Walnut Hill Ln
Ste 206

City State Zip Code
Dallas TX 75231-4406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : 1490B49F7EF0E480B0F

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 33 OF 89

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. D'Arcy A. Honeycutt MD

Mailing Address 3913 Lockport St

City

Bismarck

State

ND

Zip Code

58503-5541

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 26 | / | 2011 |

Transaction ID : AEF1CC871128CC609BF

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joseph Paul Hunstad MDMailing Address 11208 Statesville Rd
Ste 300

City

Huntersville

State

NC

Zip Code

28078-7637

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 22 | / | 2011 |

Transaction ID : 067DF733EF2329C164D

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Elliot W. Jacobs MD

Mailing Address 815 Park Ave

City

New York

State

NY

Zip Code

10021-3295

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 19 | / | 2011 |

Transaction ID : 50ACBB100C12A13261E

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Lynn L.C. Jeffers MD

Mailing Address 1700 N Rose Ave
 Ste 135

City State Zip Code
 Oxnard CA 93030-7301

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 09 / 2011

Transaction ID : 524297F8-8A2C-43E8-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. George R. Jennings MD

Mailing Address 203 Avalon Ave
 Ste 300

City State Zip Code
 Muscle Shoals AL 35661-2855

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : 7D7FBC44113530F230D

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Debra J. Johnson MD

Mailing Address 95 Scripps Dr

City State Zip Code
 Sacramento CA 95825-6320

FEC ID number of contributing
 federal political committee.

C

Name of Employer

The Plastic Surgery Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 31 / 2011

Transaction ID : 443AA906BB751253F10F

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

650.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 89
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Debra J. Johnson MD

Mailing Address 95 Scripps Dr

City State Zip Code
 Sacramento CA 95825-6320

FEC ID number of contributing
federal political committee.

C

Name of Employer
 The Plastic Surgery Center

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.04

Date of Receipt

08 / 31 / 2011

Transaction ID : 4FFAB533BAB69D834C72

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Debra J. Johnson MD

Mailing Address 95 Scripps Dr

City State Zip Code
 Sacramento CA 95825-6320

FEC ID number of contributing
federal political committee.

C

Name of Employer
 The Plastic Surgery Center

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.04

Date of Receipt

10 / 11 / 2011

Transaction ID : AED811C53E42A870677

Amount of Each Receipt this Period

139.60

Full Name (Last, First, Middle Initial)

C. Debra J. Johnson MD

Mailing Address 95 Scripps Dr

City State Zip Code
 Sacramento CA 95825-6320

FEC ID number of contributing
federal political committee.

C

Name of Employer
 The Plastic Surgery Center

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.04

Date of Receipt

11 / 16 / 2011

Transaction ID : F5A83205B606243B07A

Amount of Each Receipt this Period

139.60

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

379.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Debra J. Johnson MD

Mailing Address 95 Scripps Dr

City State Zip Code
 Sacramento CA 95825-6320

FEC ID number of contributing federal political committee.

C

Name of Employer

The Plastic Surgery Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 13 2011

Transaction ID : F52DB663A0DC7FA44DF

Amount of Each Receipt this Period

139.60

Full Name (Last, First, Middle Initial)

B. Loree K. Kalliainen MD

Mailing Address 640 Jackson St
 Mail Stop 11503 B

City State Zip Code
 Saint Paul MN 55101-2502

FEC ID number of contributing federal political committee.

C

Name of Employer

Regions Hospital Plastic/Hand Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 19 2011

Transaction ID : EB2235F0-578A-4D4A-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Michael G. Kanosky MD

Mailing Address 2550 Flowood Dr
 Ste 200

City State Zip Code
 Flowood MS 39232-9305

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 30 2011

Transaction ID : DCE1215234452E8D4DC

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

889.60

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 37 OF 89
 (check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
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|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Daniel Kapp MD
 Mailing Address 1500 N Dixie Hwy
 Ste 304

| | | |
|-----------------|-------|------------|
| City | State | Zip Code |
| West Palm Beach | FL | 33401-2717 |

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 19 | / | 2011 |

Transaction ID : E9967938AB6117621D6

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Carolyn L. Kerrigan MD

Mailing Address 1 Medical Center Dr

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Lebanon | NH | 03756-1000 |

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Dartmouth Hitchcock Medical Center

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 19 | / | 2011 |

Transaction ID : 0FCAF125-C27F-4443-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kamran Khoobehi MD

Mailing Address 3901 Veterans Memorial Blvd

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| Metairie | LA | 70002-5602 |

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 19 | / | 2011 |

Transaction ID : CDE721FA9CB1BADD505

Amount of Each Receipt this Period

215.00

SUBTOTAL of Receipts This Page (optional)..... ►

1580.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Mark W. Kiehn MD

Mailing Address 280 Exempla Cir

Division of Plastic Surgery

City

Lafayette

State

CO

Zip Code

80026-3370

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2011

Transaction ID : 93C248F44550934FDAE

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Chang Soo Kim MD

Mailing Address 222 Schanck Rd

Ste 200

City

Freehold

State

NJ

Zip Code

07728-2974

FEC ID number of contributing
federal political committee.

C

Name of Employer

Patriots Park

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2011

Transaction ID : C88F250A0FA1391E068

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Seung K. Kim MD

Mailing Address 1515 El Camino Real

Ste F

City

Palo Alto

State

CA

Zip Code

94306-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 10 / 2011

Transaction ID : 7B0DB5D227149CAAD2A

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Sugene Kim MD

Mailing Address 4185 Technology Forest Blvd
Ste 150

City State Zip Code
Spring TX 77381-2005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2011

Transaction ID : 92B0179D6A5A38C3766

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Gabriel M. Kind MD

Mailing Address 45 Castro St
Ste 410

City State Zip Code
San Francisco CA 94114-1027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Office Building

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 10 / 2011

Transaction ID : BF1DE08F-6E95-401F-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Neil Elliot Klein MD

Mailing Address 11480 Brookshire Ave
Ste 306

City State Zip Code
Downey CA 90241-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
10 / 06 / 2011

Transaction ID : 761783F587AC6CDF95B

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 89
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. William M. Kuzon MD, Ph.D.

Mailing Address 2130 Taubman Health Care Center

City State Zip Code
Ann Arbor MI 48109-0340

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Michigan - Plastic Surge

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 14 / 2011

Transaction ID : D887638E-6AF9-4C35-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mark L. Labowe MD

Mailing Address 100 UCLA Medical Plz
Ste 747

City State Zip Code
Los Angeles CA 90024-6990

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2011

Transaction ID : A3FF85C1C96DD0E7389

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David C. Leber MD

Mailing Address 2807 N Front St

City State Zip Code
Harrisburg PA 17110-1222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leber & Banducci Plastic Surgery, LTD

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 06 / 2011

Transaction ID : 1FB54643573301A52AA

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. William D. Leighton MD

Mailing Address 7425 E Shea Blvd
Ste 103

City State Zip Code
Scottsdale AZ 85260-6411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2011

Transaction ID : 8ABDFB5DC9E72686154

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Lyle S. Leipziger MD

Mailing Address 825 Northern Blvd
Chief-Plastic Surgery-Ns-Lij Suite

City State Zip Code
Great Neck NY 11021-5321

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2011

Transaction ID : C3C7D6BD5B45E3FFABE

Amount of Each Receipt this Period

730.00

Full Name (Last, First, Middle Initial)

C. Joanne J. Lenert MD

Mailing Address 2150 Pennsylvania Ave NW
Ste 9-400

City State Zip Code
Washington DC 20037-3201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2011

Transaction ID : 89803093-3893-4BA1-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1480.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 42 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Carl W. Lentz MD

Mailing Address 1040 W International Speedway Blvd

City State Zip Code
Daytona Beach FL 32114-3434

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 01 / 2011

Transaction ID : E9F60398-FC45-4F84-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Stephen F. Lex MD

Mailing Address 1020 N San Francisco St
Ste 200

City State Zip Code
Flagstaff AZ 86001-3281

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2011

Transaction ID : 7E2E469C6BEB4AEF2C4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James T. Lin MD

Mailing Address 8021 Laguna Blvd
Ste 3

City State Zip Code
Elk Grove CA 95758-7920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2011

Transaction ID : 90111AE8D59310785AC

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 43 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Ronald A. Lohner MD

Mailing Address Building I Suite 200

City

Rosemont

State

PA

Zip Code

19010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 19 / 2011

Transaction ID : C0AE1AD65E67AE371FE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Paul J. Loverme MD, FACS

Mailing Address 825 Bloomfield Ave
Ste 205

City

Verona

State

NJ

Zip Code

07044-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 03 / 2011

Transaction ID : 9564334480266709B51

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Paul J. Loverme MD, FACS

Mailing Address 825 Bloomfield Ave
Ste 205

City

Verona

State

NJ

Zip Code

07044-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 01 / 2011

Transaction ID : FF935777ECEAF8DE958

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 89
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Paul J. Loverme MD, FACS

Mailing Address 825 Bloomfield Ave
Ste 205

City State Zip Code
Verona NJ 07044-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 30 / 2011

Transaction ID : C70D088B0FDB6FD3592

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Herluf G. Lund MD

Mailing Address 17300 N Outer 40 Rd
Ste 300

City State Zip Code
Wildwood MO 63005-1364

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

St. Louis Cosmetic Surgery

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 09 / 2011

Transaction ID : C2A76D15-9865-433C-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Gregory J. MacKay MD

Mailing Address 5673 Peachtree Dunwoody Rd NE
Ste 870

City State Zip Code
Atlanta GA 30342-5029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 29 / 2011

Transaction ID : CD6C5513C94D605DF99

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

600.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 45 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Raman Chaos Mahabir MD

Mailing Address Division of Plastic Surgery

City State Zip Code
 Temple TX 76508-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 05 / 2011

Transaction ID : 6700ABE6-A644-41E1-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Lee J. Malan MD

Mailing Address 3955 Harrison Blvd
 Ste U1

City State Zip Code
 Ogden UT 84403-6301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Rocky Mountain Plaza

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 26 / 2011

Transaction ID : D8D0DBEA4C2969CFF2D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Eric A. Marchant MD

Mailing Address 102 Progress Dr
 Ste 201

City State Zip Code
 Doylestown PA 18901-2516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Marchant Plastic Surgery

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 29 / 2011

Transaction ID : F0D6AC4180600959E0E

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 89
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Eric R. Mariotti MD

Mailing Address 2222 East St
Ste 310

City State Zip Code
Concord CA 94520-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2011

Transaction ID : 2075FDC43F3985EDEAC

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Eric R. Mariotti MD

Mailing Address 2222 East St
Ste 310

City State Zip Code
Concord CA 94520-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 22 / 2011

Transaction ID : 8CB22A7AD81C02C4AC9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Bernard L. Markowitz MD

Mailing Address 9675 Brighton Way
Ste 350

City State Zip Code
Beverly Hills CA 90210-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2011

Transaction ID : 5B4C20FF312DA6D92B7

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 89
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Peter A. Marzek MD

Mailing Address 1879 Nightingale Ln
Ste A2

City State Zip Code
Tavares FL 32778-4363

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 06 / 2011

Transaction ID : D7C7DE77CD0CC617CA2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Nathan Mayl MD

Mailing Address 6405 N Federal Hwy
Ste 200

City State Zip Code
Fort Lauderdale FL 33308-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 19 / 2011

Transaction ID : 7998D8060A4D564264F

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Lawrence J. McCarthy MD

Mailing Address 3927 Waring Rd
Ste A

City State Zip Code
Oceanside CA 92056-4458

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2011

Transaction ID : 8B6E496F72059757795

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. John R. McGill MD

Mailing Address 436A State St

City

Bangor

State

ME

Zip Code

04401-6663

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 29 / 2011

Transaction ID : 4EF78B8232A621B2E04

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas B. McNemar MDMailing Address 2160 W Grant Line Rd
Ste 250

City

Tracy

State

CA

Zip Code

95377-7335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 01 / 2011

Transaction ID : 01BE4EE381D0D035231

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John W. Menard MDMailing Address 401 Towncenter Blvd
Ste B

City

Tuscaloosa

State

AL

Zip Code

35406-1822

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 26 / 2011

Transaction ID : 688EFCCDA704F7258C7

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 89
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Basil M. Michaels MD

Mailing Address 426 South St

City State Zip Code
Pittsfield MA 01201-8228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2011

Transaction ID : D29425DF2355540CB6A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael J. Miller MD

Mailing Address 915 Olentangy River Rd
Ste 2100

City State Zip Code
Columbus OH 43212-3154

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ohio State University

Professor and Chief

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : A98CA4292D97F1EE907

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Paul B. Mills MD

Mailing Address 145 Saint Peters Centre Blvd
145 St. Peters Centre Boulevard

City State Zip Code
Saint Peters MO 63376-5103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Renaissance Plastic Surgery

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2011

Transaction ID : 4ABC69781581E088FFD

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 50 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Reza Momeni MD

Mailing Address 1 Diamond Hill Rd

City State Zip Code
 Berkeley Heights NJ 07922-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 07 / 2011

Transaction ID : 700BC4B3-7547-4787-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gregory P. Mueller MD

Mailing Address 9201 W Sunset Blvd
 Sunset Medical Tower, Suite 602

City State Zip Code
 West Hollywood CA 90069-3170

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 29 / 2011

Transaction ID : 6197CDF0-A985-479F-

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

C. Talal A. Munasifi MD

Mailing Address 6027 Orris St

City State Zip Code
 Mc Lean VA 22101-1828

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2011

Transaction ID : 94B7D6E5A7875B27A11

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1240.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 51 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. John C. Munna MD

Mailing Address 5549 Glenridge Dr NE
Ste 200

City State Zip Code
Atlanta GA 30342-1329

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 02 / 2011

Transaction ID : C57A9687C11F9E5926A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Herbert J. Nassour MD

Mailing Address 1300 Murchison Dr
Ste 300

City State Zip Code
El Paso TX 79902-4851

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 16 / 2011

Transaction ID : 6DA312F985C5E0A77A8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jeffrey M. Nelson MD

Mailing Address 7416 N La Cholla Blvd

City State Zip Code
Tucson AZ 85741-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 22 / 2011

Transaction ID : 426C2C5F-4C79-4DD1-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Michael W. Neumeister MD, Frcsc,

Mailing Address PO Box 19653

Siu - Plastic Surgery

City

Springfield

State

IL

Zip Code

62794-9653

FEC ID number of contributing
federal political committee.

C

Name of Employer

SIU School of Medicine - Division of P

Occupation

Professor & Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2011

Transaction ID : 6BFA93E7-CF7D-410F-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Phillip H. Nunnery MD

Mailing Address 1936 Jenks Ave

Ste A

City

Panama City

State

FL

Zip Code

32405-4528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 19 / 2011

Transaction ID : 68078B94A84934D5975

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kenneth L. Odinet MD

Mailing Address 200 Beaulieu Dr

Ste 6

City

Lafayette

State

LA

Zip Code

70508-7230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 22 / 2011

Transaction ID : 8EDB7C080EFAA9C6BA9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 53 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Kerry E. Owens MD

Mailing Address 300 Frederick Rd
Ste 200

City Baltimore State MD Zip Code 21228-4712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2011

Transaction ID : 45986A7722F1BC74E93

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Steven E. Ozeran MD

Mailing Address 1630 23rd Ave
Ste 901A

City Lewiston State ID Zip Code 83501-6358

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 06 / 2011

Transaction ID : A2C845B04F17FD2310F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Galen Perdakis MD

Mailing Address 4500 San Pablo Rd S

City Jacksonville State FL Zip Code 32224-1865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic Jacksonville

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 19 / 2011

Transaction ID : BD11F1595AA045C5993

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 54 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. James L. Pertsch MD

Mailing Address 212 N San Mateo Dr
Ste 1

City State Zip Code
San Mateo CA 94401-2609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2011

Transaction ID : CC118FF1C3B8D7B0CE4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Alan B. Pillersdorf MD

Mailing Address 1620 S Congress Ave
Ste 100

City State Zip Code
Palm Springs FL 33461-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : 88910E6F8AC76ABB03E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Lori G. Polacek MD

Mailing Address 1524 Atwood Ave
Ste 343

City State Zip Code
Johnston RI 02919-3228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 19 / 2011

Transaction ID : 51C08D2426061E00B92

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 89
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. John D. Potochny MD

Mailing Address 500 University Dr

Mshmc Plastic Surgery

City

Hershey

State

PA

Zip Code

17033-2360

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2011

Transaction ID : DDFEC44B-630E-47DD-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Randy D. Proffitt MD

Mailing Address 6317 Piccadilly Square Dr

City

Mobile

State

AL

Zip Code

36609-5103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2011

Transaction ID : 7C7170D8F8184B32EB7

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Sidney Rabinowitz MD

Mailing Address 385 Prospect Ave

City

Hackensack

State

NJ

Zip Code

07601-2570

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2011

Transaction ID : 7B4191A4-0B90-457B-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 56 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. David B. Reath MD

Mailing Address 109 N Northshore Dr
Ste 101

City State Zip Code
Knoxville TN 37919-4048

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2011

Transaction ID : CC9320DFC1BB74D878F

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert D. Rehnke MD

Mailing Address 6606 10th Ave N

City State Zip Code
Saint Petersburg FL 33710-6104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2011

Transaction ID : D632C337C2FB570494F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Marjorie A. Reid MD

Mailing Address 560 Northern Blvd
Ste 202B

City State Zip Code
Great Neck NY 11021-5113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2011

Transaction ID : 17B5E9EB9B6A52176CC

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 89
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Donna C. Rich MD

Mailing Address 300 E Medical Center Blvd

City State Zip Code
 Webster TX 77598-4321

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 22 2011

Transaction ID : F024FAAF-1B80-4DF1-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Steven L. Ringler MD

Mailing Address 2680 Leonard St NE
 Center for Aesthetics and Plastic

City State Zip Code
 Grand Rapids MI 49525-6902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 22 2011

Transaction ID : D6BAFD146568E06A72E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Luis M. Rios Jr., MD

Mailing Address 2101 Cornerstone Blvd

City State Zip Code
 Edinburg TX 78539-8301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 03 2011

Transaction ID : 448E64D8E33A31B1DEA

Amount of Each Receipt this Period

260.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

760.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 58 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Luis M. Rios Jr., MD

Mailing Address 2101 Cornerstone Blvd

City

Edinburg

State

TX

Zip Code

78539-8301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

12 / 16 / 2011

Transaction ID : 1389935549BD888D741

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Ronald G. Ritz MD

Mailing Address 575 Rivergate
Unit 205

City

Durango

State

CO

Zip Code

81301-7490

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 26 / 2011

Transaction ID : B0B791505F89A30A1E1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Malcolm Z. Roth MD

Mailing Address 43 New Scotland Ave
Mail Code 190

City

Albany

State

NY

Zip Code

12208-3412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Medical Center

Occupation

Associate Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 01 / 2011

Transaction ID : B6AE0C78C706B4FBDC8

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

540.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 89

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Malcolm Z. Roth MD

Mailing Address 43 New Scotland Ave

Mail Code 190

City

Albany

State

NY

Zip Code

12208-3412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Medical Center

Occupation

Associate Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 01 | | | 2011 | | | |

Transaction ID : F15AE14B08DC17E8DF1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Malcolm Z. Roth MD

Mailing Address 43 New Scotland Ave

Mail Code 190

City

Albany

State

NY

Zip Code

12208-3412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Medical Center

Occupation

Associate Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 03 | | | 2011 | | | |

Transaction ID : 70B326DFAE6D68A6B81

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Malcolm Z. Roth MD

Mailing Address 43 New Scotland Ave

Mail Code 190

City

Albany

State

NY

Zip Code

12208-3412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Medical Center

Occupation

Associate Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 01 | | | 2011 | | | |

Transaction ID : 1D63D3C32A38F312376

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 89
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Leonard A. Roudner MD

Mailing Address 550 Biltmore Way
Ste 890

City State Zip Code
Coral Gables FL 33134-5779

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2011

Transaction ID : BC1DD477FE1F96F2154

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Malcolm J. Rude MD

Mailing Address 2304 De Lee St

City State Zip Code
Bryan TX 77802-2815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2011

Transaction ID : 963B502A-06D0-49C6-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Lori H. Saltz MD

Mailing Address 9850 Genesee Ave
Ste 130

City State Zip Code
La Jolla CA 92037-1206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

La Jolla Cosmetic Surgery Centre

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 22 / 2011

Transaction ID : 048BEC08C95D885F389

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 89
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. George H. Sanders MD

Mailing Address 16633 Ventura Blvd
Ste 110

City State Zip Code
Encino CA 91436-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2011

Transaction ID : 5899AC82201EBBE02A6

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Antonio Santin MD

Mailing Address 1600 9th St S

City State Zip Code
Great Falls MT 59405-4510

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 19 / 2011

Transaction ID : 9BEF2A6F8CBF92F2BE8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Lisa D. Santos MD

Mailing Address 1200 Binz St
Ste 1030

City State Zip Code
Houston TX 77004-6926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Plaza Medical

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 18 / 2011

Transaction ID : 954302EE2DD029CD0B9

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 62 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Loren S. Schechter MD

Mailing Address 9000 Waukegan Rd
Ste 210

City Morton Grove State IL Zip Code 60053-2127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 19 / 2011

Transaction ID : AA2218C59368F234DE5

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Benjamin Schlechter MD

Mailing Address 2603 Keiser Blvd
Ste 207

City Wyomissing State PA Zip Code 19610-3341

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 30 / 2011

Transaction ID : 3C3E2BB4-C4DC-45A4-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. S. Larry Schlesinger MD

Mailing Address 1221 Kapiolani Blvd
Ste 1025

City Honolulu State HI Zip Code 96814-3517

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

11 / 18 / 2011

Transaction ID : 35F91165570A7A114B1

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 63 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Susan C. Scott MD

Mailing Address 150 E 77th St

City
New York

State
NY

Zip Code
10075-1922

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 22 / 2011

Transaction ID : 4B006131CD5E25524F3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Alan S. Serure MD

Mailing Address 7300 SW 62nd Pl
Ste 200

City
South Miami

State
FL

Zip Code
33143-4800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2011

Transaction ID : BFAE8C79FA6E1376EDA

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. William F. Seward

Mailing Address 444 E Algonquin Rd

City
Arlington Heights

State
IL

Zip Code
60005-4654

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : CCC96512-CDB6-4C01-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 64 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. R. Bruce Shack MD

Mailing Address 1161 21st Ave S

D-4207 Medical Center North

City

Nashville

State

TN

Zip Code

37232-0011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2011

Transaction ID : A48080B4C60A8507D3F

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Charles T. Slack MD

Mailing Address Suite 370

1105 Central Expressway

City

Allen

State

TX

Zip Code

75013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 19 / 2011

Transaction ID : FE54EFE2922E2CAB030

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Brian H. Slywka MD

Mailing Address 351 Rolling Oaks Dr

Ste 101

City

Thousand Oaks

State

CA

Zip Code

91361-1278

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2011

Transaction ID : 808C349E13F232C8AB5

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 89
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Lane F. Smith MD

Mailing Address 8871 W Sahara Ave

City State Zip Code
 Las Vegas NV 89117-5865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 28 / 2011

Transaction ID : 333F19667C63DED270C

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Lane F. Smith MD

Mailing Address 8871 W Sahara Ave

City State Zip Code
 Las Vegas NV 89117-5865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : 683397F91BFD6307769

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Rick J. Smith MD

Mailing Address 1504 E Grand River Ave
 Ste 100

City State Zip Code
 East Lansing MI 48823-4921

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 10 / 2011

Transaction ID : FBC8E635D5B9A34EC51

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

900.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 66 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Mary C. Snyder MD

Mailing Address 2 W 42nd St
Ste 3700

City State Zip Code
Scottsbluff NE 69361-4669

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 04 / 2011

Transaction ID : 2C8B734D-05E5-40C3-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Lisa Lynn Sowder MD

Mailing Address 901 Boren Ave
Ste 1650

City State Zip Code
Seattle WA 98104-3508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2011

Transaction ID : 0B3FEBDC99AE8A69F72

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. David R. Stephens MD

Mailing Address 10687 NE 2nd St

City State Zip Code
Bellevue WA 98004-5727

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : 9FA663A33F66CFC4078

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 89
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Thomas P. Sterry MD

Mailing Address 895 Park Ave
Ste 1B

City State Zip Code
New York NY 10075-0327

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 28 / 2011

Transaction ID : 740F1AC887B7FD4DE36

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. William D. Strinden MD

Mailing Address 116 Christie Dr

City State Zip Code
Lufkin TX 75904-5534

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Lufkin Plastic Surgery

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 28 / 2011

Transaction ID : 3FE3E8E78D9C943AC85

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Louis L. Strock MD

Mailing Address 800 8th Ave
Ste 606

City State Zip Code
Fort Worth TX 76104-2605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 23 / 2011

Transaction ID : C0802C27D5D69A75D9C

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 89
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Merton Suzuki MD

Mailing Address 12630 Monte Vista Rd
Ste 108

City Poway State CA Zip Code 92064-2526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2011

Transaction ID : 9F00134BB787E44DAA3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Linda L. Swanson MD

Mailing Address 23560 Madison St
Ste 101

City Torrance State CA Zip Code 90505-4709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 19 / 2011

Transaction ID : F2ED872F63354638A09

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Steven A. Teitelbaum MD

Mailing Address 1301 20th St
Ste 350

City Santa Monica State CA Zip Code 90404-2119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2011

Transaction ID : D39916BB7349B9E4BC1

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Pankaj Tiwari MD

Mailing Address 915 Olentangy River Rd
Ste 2100

City State Zip Code
Columbus OH 43212-3154

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2011

Transaction ID : 6C588327E1A474D46C4

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Bhupesh Vasisht MD

Mailing Address 1307 White Horse Rd
E-501

City State Zip Code
Voorhees NJ 08043-2176

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

South Shore Plastic Surgery

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : 1ED5FA4CC708F03D04D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Charles N. Verheyden MD

Mailing Address 2401 S 31st St

City State Zip Code
Temple TX 76508-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Scott & White Clinic

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2011

Transaction ID : 697BADD70C81A37A2B6

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 70 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Paul Vitenas Jr.,MD

Mailing Address 11914 Astoria Blvd
Ste 470

City Houston State TX Zip Code 77089-6078

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 14 / 2011

Transaction ID : FCFBACEDC840B0ACF09

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeffrey D. Wagner MD

Mailing Address 8040 Clearvista Pkwy
Ste 570

City Indianapolis State IN Zip Code 46256-4673

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wagner and Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 22 / 2011

Transaction ID : 93321DC6-C9DF-4312-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Kathleen A. Waldorf MD, FACS

Mailing Address 9775 SW Wilshire St
Ste 200

City Portland State OR Zip Code 97225-5067

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 06 / 2011

Transaction ID : 6FC1889CADA69340674

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 71 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. James H. Wells MD

Mailing Address 2880 Atlantic Ave
Ste 290

City Long Beach State CA Zip Code 90806-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2011

Transaction ID : 0BCB189C8FF798D8ED0

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William J. Welsh MD

Mailing Address 1433 Stovall St

City Augusta State GA Zip Code 30904-4883

FEC ID number of contributing
federal political committee.

C

Name of Employer

Augusta Cosmetic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 28 / 2011

Transaction ID : 5193D30B3B827EB990B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Frederick G. Weniger MD

Mailing Address 25 Clark Summit Dr
Ste F104

City Bluffton State SC Zip Code 29910-4205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 05 / 2011

Transaction ID : DC5898DE7B13D6F7813

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 89
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. John C. Wheeler MD

Mailing Address 92 Allen St

City State Zip Code
 Rutland VT 05701-4562

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : 0E6EC2EC105AB5CFC90

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert M. Whitfield MD, FACS

Mailing Address 8700 W Watertown Plank Rd
 Department of Plastic Surgery

City State Zip Code
 Milwaukee WI 53226-3595

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1508.22

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 13 / 2011

Transaction ID : 48D2A6F3B17EF8EF616E

Amount of Each Receipt this Period

167.58

Full Name (Last, First, Middle Initial)

c. Robert M. Whitfield MD, FACS

Mailing Address 8700 W Watertown Plank Rd
 Department of Plastic Surgery

City State Zip Code
 Milwaukee WI 53226-3595

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1508.22

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 13 / 2011

Transaction ID : 4CEE8A716455D4B5C88D

Amount of Each Receipt this Period

167.58

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

585.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 89
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Robert M. Whitfield MD, FACS

Mailing Address 8700 W Watertown Plank Rd
Department of Plastic Surgery

City Milwaukee State WI Zip Code 53226-3595

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1508.22

Date of Receipt

09 / 13 / 2011

Transaction ID : 4418AB9F77E884B575A4

Amount of Each Receipt this Period

167.58

Full Name (Last, First, Middle Initial)

B. Robert M. Whitfield MD, FACS

Mailing Address 8700 W Watertown Plank Rd
Department of Plastic Surgery

City Milwaukee State WI Zip Code 53226-3595

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1508.22

Date of Receipt

10 / 14 / 2011

Transaction ID : 39E6C8DE0B2B511586B

Amount of Each Receipt this Period

167.58

Full Name (Last, First, Middle Initial)

C. Robert M. Whitfield MD, FACS

Mailing Address 8700 W Watertown Plank Rd
Department of Plastic Surgery

City Milwaukee State WI Zip Code 53226-3595

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1508.22

Date of Receipt

11 / 13 / 2011

Transaction ID : 4F03875B6BFB33DE88EE

Amount of Each Receipt this Period

167.58

SUBTOTAL of Receipts This Page (optional)..... ►

502.74

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 74 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Robert M. Whitfield MD, FACS

Mailing Address 8700 W Watertown Plank Rd
 Department of Plastic Surgery

City Milwaukee State WI Zip Code 53226-3595

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1508.22

Date of Receipt

12 / 13 / 2011

Transaction ID : 4AE48667D18248CE89D6

Amount of Each Receipt this Period

167.58

Full Name (Last, First, Middle Initial)

B. Robert D. Wilcox MD

Mailing Address 5316 W Plano Pkwy

City Plano State TX Zip Code 75093-4821

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

09 / 28 / 2011

Transaction ID : 80509B21CFFEF32E94C

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Virgil V. Willard MD

Mailing Address 1011 N Lindsay St
 Ste 202

City High Point State NC Zip Code 27262-3945

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 28 / 2011

Transaction ID : 9FA2EA58064D01F958C

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

792.58

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Joel A. Williams MD

Mailing Address 1506 Professional Ct

Williams Plastic Surgery

City

Dalton

State

GA

Zip Code

30720-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2011

Transaction ID : 60821DB6C8ED7340F9E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gregory P. Wittpenn MD

Mailing Address 3616 N University Dr

City

Nacogdoches

State

TX

Zip Code

75965-2539

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Horizons Plastic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2011

Transaction ID : 46C9B31D-AF86-4970-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Michael D. Yates MD

Mailing Address 303 Williams Ave SW

Ste 1421

City

Huntsville

State

AL

Zip Code

35801-6008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2011

Transaction ID : 70E1AFAB77220D4EF97

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 76 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. York J. Yates MD

Mailing Address 2nd Floor

City

Layton

State

UT

Zip Code

84040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tanner Clinic

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 14 / 2011

Transaction ID : 0D5AFEC1268A6459884

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Lester J. Yen MD

Mailing Address 5950 University Ave
Ste 120

City

West Des Moines

State

IA

Zip Code

50266-8232

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Iowa Clinic

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 26 / 2011

Transaction ID : BACA0313D709D568B87

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Sheryl L. Young MD

Mailing Address 11501 Granada St

City

Leawood

State

KS

Zip Code

66211-1454

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 29 / 2011

Transaction ID : 735F3ABF9F72D8A3138

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

915.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Sergio M. Zamora MD, FACS

Mailing Address 1890 Lpga Blvd
Ste 150

City State Zip Code
Daytona Beach FL 32117-7131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2011

Transaction ID : 8D414130F564B1B4268

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Luis A. Zapiach MD

Mailing Address 1 W Ridgewood Ave
Ste 302

City State Zip Code
Paramus NJ 07652-2361

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2011

Transaction ID : E0078B8A0C9F94057F0

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Richard J. Zienowicz MD

Mailing Address 2 Dudley St
Ste 380

City State Zip Code
Providence RI 02905-3248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2011

Transaction ID : 778B3068-D64C-4AD8-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 78 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Terry J. Zimmerman MD

Mailing Address 2370 E Bidwell St
Ste 100

City Folsom State CA Zip Code 95630-3892

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : 33340B8E69D1CE2A273

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Stephen N. Zonca MD

Mailing Address 1316 Mercy Dr

City Muskegon State MI Zip Code 49444-1835

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 01 / 2011

Transaction ID : E4DF72993FDEC5587B2

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.00

86202.28

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

American Society of Plastic Surgeons PLASTYPAC

Category/
Type

State: District:

MM / DD / YYYY

Category/
Type

State: District:

Category/
Type

State: District:

866.63

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

American Society of Plastic Surgeons PLASTYPAC

Three 7-segment displays are shown, each with a different number of LEDs lit. The first display shows '10', the second shows '05', and the third shows '2011'. The displays are arranged horizontally and separated by slashes.

Category/
Type

348.89

State: District:

001

Amount of Each Disbursement this Period

Category/
Type

318.36

State: District:

001

Amount of Each Disbursement this Period

Category/
Type

State: District:

728.68

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 82 OF 89

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. JP Morgan Chase

Mailing Address 1201 South Milwaukee Ave

| | | |
|--------------|-------|----------|
| City | State | Zip Code |
| Libertyville | IL | 60048 |

Purpose of Disbursement
Bank Fees

001

Candidate Name

Category/
Type

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 02 | | 2011 |

Transaction ID : 55C5BA7E4F23C3201E1

Amount of Each Disbursement this Period

| |
|--------|
| 153.15 |
|--------|

Full Name (Last, First, Middle Initial)

B. JP Morgan Chase

Mailing Address 1201 South Milwaukee Ave

| | | |
|--------------|-------|----------|
| City | State | Zip Code |
| Libertyville | IL | 60048 |

Purpose of Disbursement
Bank Fees

001

Candidate Name

Category/
Type

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 05 | | 2011 |

Transaction ID : 54BE2FC0A36B6689E47

Amount of Each Disbursement this Period

| |
|-------|
| 39.31 |
|-------|

Full Name (Last, First, Middle Initial)

C.

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Category/
Type

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

SUBTOTAL of Disbursements This Page (optional).....▶

192.46

TOTAL This Period (last page this line number only).....▶

2223.10

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 83 OF 89

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Andy Harris for Congress

Mailing Address PO Box 604

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Bel Air | MD | 21014 |

Purpose of Disbursement
2012 Primary

011

Candidate Name

Andrew P. HarrisCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 01

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 02 | | 2011 |

Transaction ID : 88A3BD509FBCC692F1B

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Benishek for Congress, Inc.

Mailing Address PO Box 108

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Gladstone | MI | 49837 |

Purpose of Disbursement
2012 Primary

011

Candidate Name

Daniel J. BenishekCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 02 | | 2011 |

Transaction ID : 7C6B4CD2995BBED0D3E

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Cantor for Congress

Mailing Address PO Box 17813

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Richmond | VA | 23226 |

Purpose of Disbursement
2012 Primary

011

Candidate Name

Eric Ivan CantorCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 07

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 26 | | 2011 |

Transaction ID : 69FC9CD0941BA822994

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 9000.00 |
|---------|

| |
|--|
| |
|--|

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 84 OF 89

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Capuano for Congress Committee

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 02 | / | 2011 |

Mailing Address PO Box 440305

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Somerville | MA | 02144 |

Transaction ID : 156BCAE09BFE857C83DPurpose of Disbursement
2012 Primary

011

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Candidate Name

Michael Everett CapuanoCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 08

Full Name (Last, First, Middle Initial)

B. Charles Boustany Jr. Md for Congress, Inc.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 02 | / | 2011 |

Mailing Address PO Box 80126

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Lafayette | LA | 70598 |

Transaction ID : F099D178CDBD0DB968BPurpose of Disbursement
2012 Primary

011

Amount of Each Disbursement this Period

| |
|---------|
| 3000.00 |
|---------|

Candidate Name

Charles W. Boustany Jr.Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 07

Full Name (Last, First, Middle Initial)

C. Charlie Dent for Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 02 | / | 2011 |

Mailing Address PO Box 442

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Allentown | PA | 18105 |

Transaction ID : E08C0825015E781B8FCPurpose of Disbursement
2012 Primary

011

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Candidate Name

Charles W. DentCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 15

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 7000.00 |
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 85 OF 89

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. David Scott for Congress

Mailing Address PO Box 960821

| | | |
|-------------------|-------------|-------------------|
| City Riverdale | State GA | Zip Code 30296 |
|-------------------|-------------|-------------------|

Purpose of Disbursement
2012 Primary

011

Candidate Name

David Albert ScottCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 13

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 02 | | 2011 |

Transaction ID : 9D8483868599E6EE946

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Diane Black for Congress

Mailing Address PO Box 1437

| | | |
|------------------|-------------|-------------------|
| City Gallatin | State TN | Zip Code 37066 |
|------------------|-------------|-------------------|

Purpose of Disbursement
2012 Primary

011

Candidate Name

Diane BlackCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 06

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 02 | | 2011 |

Transaction ID : E4F98255FFC9BA1C30A

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Friends of Jeb Hensarling

Mailing Address PO Box 820504

| | | |
|----------------|-------------|-------------------|
| City Dallas | State TX | Zip Code 75382 |
|----------------|-------------|-------------------|

Purpose of Disbursement
2012 Primary

011

Candidate Name

Thomas Jeb HensarlingCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 05

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 26 | | 2011 |

Transaction ID : 8B745A75BE2942EFD39

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 6500.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 86 OF 89

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Friends of Joe Pitts

Mailing Address PO Box 775

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Unionville | PA | 19375 |

Purpose of Disbursement
2012 Primary

011

Candidate Name

Joseph R. PittsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 16

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 02 | / | 2011 |

Transaction ID : 19BD8FE5821FA3BA248

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Friends of John Barrasso

Mailing Address PO Box 52008

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Casper | WY | 82605 |

Purpose of Disbursement
2012 Primary

011

Candidate Name

John Anthony BarrassoCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: WY District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 26 | / | 2011 |

Transaction ID : 7255EA5A077E6B6F147

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Friends of John BoehnerMailing Address 7908 Cincinnati Dayton Road
Suite I

| | | |
|--------------|-------|----------|
| City | State | Zip Code |
| West Chester | OH | 45069 |

Purpose of Disbursement
2012 Primary

011

Candidate Name

John A. BoehnerCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 08

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 26 | / | 2011 |

Transaction ID : 71B81E3A4E1461CF112

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|----------|
| 12000.00 |
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 87 OF 89

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Kevin McCarthy for Congress

Mailing Address PO Box 12667

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Bakersfield | CA | 93389 |

Purpose of Disbursement
2012 Primary

011

Candidate Name

Kevin McCarthyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 02 | | 2011 |

Transaction ID : DB7F0DD6D30C0406AB6

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Matheson for Congress

Mailing Address PO Box 521048

| | | |
|----------------|-------|----------|
| City | State | Zip Code |
| Salt Lake City | UT | 84152 |

Purpose of Disbursement
2012 Primary

011

Candidate Name

James David MathesonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 04

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 02 | | 2011 |

Transaction ID : F1BED60B6D992BDEFB3

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Ryan for Congress

Mailing Address PO Box 1488

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Janesville | WI | 53547 |

Purpose of Disbursement
2012 Primary

011

Candidate Name

Paul RyanCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 01

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 02 | | 2011 |

Transaction ID : 448495C37A9865695B5

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 88 OF 89

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Truth Accountability and Courage Political Action Committee (TACPAC)

Mailing Address 228 S Washington St Ste 115

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Alexandria | VA | 22314 |

Purpose of Disbursement
2011 Contribution

011

Candidate Name
Truth Accountability and Courage Political Action Committee (TACPAC)Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2011
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 26 | | 2011 |

Transaction ID : F95E296B81ACA95084B

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Upton for All of Us

Mailing Address PO Box 490

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| St. Joseph | MI | 49085 |

Purpose of Disbursement
2012 Primary

011

Candidate Name
Fredrick Stephen UptonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 06

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 02 | | 2011 |

Transaction ID : 4D8E51A466654E08F25

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Wally Herger for Congress Committee

Mailing Address PO Box 1007

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Willows | CA | 95988 |

Purpose of Disbursement
2012 Primary

011

Candidate Name
Walter Herger Jr.Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 02

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 02 | | 2011 |

Transaction ID : 12B4ABBA5E6ABDBDF2D

Amount of Each Disbursement this Period

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|---------|
| 2000.00 |
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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

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| 12000.00 |
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| 55500.00 |
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SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 89 OF 89

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Robert M. Whitfield MD, FACS

Mailing Address 8700 W Watertown Plank Rd
Department of Plastic Surgery

City Milwaukee State WI Zip Code 53226-3595

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 11 / 04 / 2011

Transaction ID : 515344A5BA2DB96B4F2

Amount of Each Disbursement this Period

167.58

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

167.58

167.58